

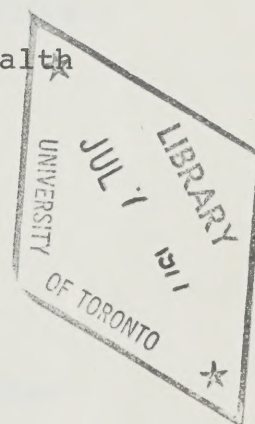
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Final Communiqué
Conference of Federal-Provincial Ministers of Health
June 22-23, 1977
Canadian Government Conference Centre
Ottawa



Note: The contents of this communiqué include the conference agenda and supporting statements.

AGENDA

MEETING OF THE CONFERENCE OF MINISTERS OF HEALTH

MAIN CONFERENCE ROOM

CANADIAN GOVERNMENT CONFERENCE CENTRE

OTTAWA, ONTARIO

JUNE 22-23, 1977

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1. Opening remarks
 2. Federal-Provincial Agreements under Hospital Insurance and Diagnostic Services Act
 3. Federal-Provincial exchange of information
 4. Isolation Facilities for Quarantinable Diseases
 5. Report of the Task Force on Coronary Artery Surgery
 6. Lifestyle Measures
 - a) Lifestyle Strategies
 - b) Cardiovascular Disease
 - c) Alcohol Abuse Programs
 7. Health Manpower Planning
 8. Federal-Provincial Priorities Planning Committee
 - a) Smoking and Health
 - b) Occupational Health
 9. National Strategy on Immunization
 10. Family Planning - Badgley Report
 11. International Relations: Federal-Provincial consultations
 12. Health Research Priorities
 13. Other business
 14. Communiqué

GENERAL

The Federal and Provincial Ministers of Health met on June 22 and 23, 1977.


After opening statements which were released to the press, the Ministers tackled a 14 point agenda.

ITEM 2 - FEDERAL-PROVINCIAL AGREEMENTS UNDER HOSPITAL
INSURANCE AND DIAGNOSTIC SERVICES ACT

AND

ITEM 3 - FEDERAL-PROVINCIAL EXCHANGE OF INFORMATION

The Ministers agreed in principle to streamline and reduce excessive administrative procedures for the Federal-Provincial financial arrangements for the Hospital Insurance and Medical Care programs. They also agreed to proceed, in a cooperative way, with the development and exchange of information pertinent to the Canadian health care delivery system. Further meetings of Deputy Ministers will be held to develop the precise form of the information to be exchanged. Within this cooperative framework, Ministers agreed that all parties would participate in any specific information exchange whenever at least seven(7) (including the Federal Government) of the eleven (11) parties view the information as valuable to the health care field and where more than 50% of the Canadian population is represented by the provinces in favour. Provinces may wish to withdraw on one year's notice from the arrangements for information exchange.



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ITEM 4 - ISOLATION FACILITIES FOR QUARANTINABLE DISEASES

The Ministers established the key elements of a national response to the problem of people who enter Canada with a dangerous communicable disease. The Canadian plan for a national response results from studies conducted over the past two years into ways of containing diseases such as lassa fever or marburg virus disease. Diseases of this kind could be brought into Canada by an international traveler or by medical evacuation of a Canadian returning from another country.

The national plan would consist of three lines of defence:

- a) Stretcher-type plastic isolators would be maintained in segregated areas in selected International Airports in Canada. These would be used when someone with a confirmed or suspected dangerous disease is intercepted at the airport.
- b) Bed-type plastic isolators would be stationed in strategic hospitals under provincial auspices at major centres across Canada. These would be used when a case of dangerous disease is intercepted by provincial authorities, pending possible evacuation to the facility referred to in paragraph c).
- c) A purpose-designed central facility will be constructed under federal auspices in Ottawa. This sophisticated facility would provide a fully secure environment and would permit medical and surgical procedures not possible in a bed-type plastic isolator.

The three lines of defence would be linked by a highly skilled medical evacuation team of Canadian armed forces personnel using a transit isolator and armed forces aircraft.

Detailed planning for construction on a central facility will start immediately. Construction on a high security Class IV laboratory, a complementary facility, will begin in about two years time. This "hot lab", to be built by the federal government in Ottawa, will provide a safe and secure means of analysis of active cases of dangerous communicable diseases and ongoing analysis of blood samples in those cases. In the meantime, Canada will continue to rely on the services of the American laboratory facilities in Atlanta, Georgia.

The Ministers agreed to proceed with the updating of both national and provincial contingency plans for handling dangerous communicable diseases.

ITEM 5 - REPORT OF THE TASK FORCE ON CORONARY ARTERY SURGERY

The Ministers discussed the findings of the Task Force of Canada-wide scientific experts evaluating the role and effectiveness of coronary artery surgery in the treatment of coronary heart disease. The final report of the Task Force will be published in the Canadian Medical Association Journal and l'Union Médicale later this year.

The Task Force confirmed the value of coronary artery surgery for specific classes of patients, for example, patients with stable cardiac pain which is disabling despite adequate treatment, or when adequate alternative treatment is impractical, and patients with unstable cardiac pain uncontrolled despite adequate treatment.

Ministers agreed with the major Task Force recommendations:

1. That the Department of National Health and Welfare encourage and support a study of the results of coronary artery bypass surgery in Canada.
2. That Ministers of Health draw the attention of organizations in their jurisdictions which provide funds in aid of research to the importance of supporting well-controlled clinical trials of the management of coronary artery disease in Canadian centres. It is desirable that such trials be coordinated by a central agency so that many aspects of the problem are covered.

3. That the Department of National Health and Welfare maintain continuing contact with the members of the Task Force and arrange a formal review in two years, or sooner if new developments require it.
4. Rapid development of new facilities specifically for coronary artery surgery should not be encouraged until the indications have been clarified further. Expansion and upgrading of existing facilities is justified to deal with the groups of patients identified in this report for whom surgery is the treatment of choice. Optimal results can be obtained only if all hospitals involved in coronary artery surgery are provided with facilities and personnel of sufficient quantity and quality to allow them to function in relation to generally accepted scientific standards.
5. That Ministers of Health draw the attention of organizations in their jurisdictions which provide funds in aid of research to the importance of encouraging and supporting carefully designed studies of the prevalence and incidence of the different types of coronary artery disease in Canada.

ITEM 6A - LIFESTYLE STRATEGIES

The Ministers reviewed the subject of health promotion and lifestyles and were pleased to note the increasing interest, of numerous national and international organizations and interest groups. There have been noticeable and encouraging changes in attitudes of Canadians towards healthy and positive lifestyles. Ministers welcomed the increasing popularity of physical fitness measures, such as bicycling, exercises, jogging, recreation and sports; the concern for proper diet; the better driving habits, such as wearing of seat belts and reduced speeds; and the more responsible consumption of alcoholic beverages.

In the light of this accelerating interest and activity, Ministers urged that there be increased emphasis on joint planning and development work. The importance of evaluation of the effectiveness of various health promotion and lifestyle measures was stressed.

As a high priority area, the Ministers have agreed to adopt an aggressive strategy to develop a lifestyle and health promotion campaign. A special task force has been established to design this campaign.

ITEM 6(b) - CARDIOVASCULAR DISEASE

The Ministers noted with alarm the evidence of the economic and human costs arising from cardiovascular disease, which has reached epidemic proportion among Canadians. The most prevalent form of cardiovascular disease, coronary heart disease, now is one of the major killers and cripples of young and middle-aged Canadians; the incidence of heart disease in men in these age groups has increased by over 250% in the last decade. Lifestyle factors, including diet, lack of exercise, stress and smoking, interact as major causal factors. There was broad agreement on the need for a concerted attack on cardiovascular disease, and the two levels of Government agreed to work together to develop a strategy in this area. They agreed that this be considered as a priority task within the lifestyle and health promotion strategy.

ITEM 6(c) - ALCOHOL ABUSE

Ministers agreed that there is a marked imbalance in the information reaching the public regarding the use and abuse of alcoholic beverages. The time and space within the media devoted to messages of moderation is miniscule compared to that devoted to advertising appeals to consume alcoholic beverages. There is a need for a more reasonable balance between health-promotional messages and consumption-promotional messages reaching Canadians.

Actions to modify or restrict the advertising of alcoholic beverages within Canada require the joint participation of federal and provincial governments because of their respective responsibility for the production, promotion and marketing of alcoholic beverages. Ministers agreed to examine promotional and advertising practices and develop a set of standards for all forms of advertising of alcoholic beverages.

It was agreed that the Provinces have the major responsibility in this area.

ITEM 7 - HEALTH MANPOWER PLANNING

The Ministers reviewed the measures taken over the past three years to ensure an appropriate supply of physicians in Canada, to reduce the levels of immigration of physicians and to rationalize the number of medical graduates by Canadian universities. Despite substantial reductions in numbers of immigrant physicians over the past four years, Ministers continue to be concerned with the problems of maldistribution which result in some parts of the country experiencing a shortage of physicians. They agreed that, if present trends continued, there may be in the future a greater number of physicians than required, and it is essential that the current system of control of immigration of physicians be continued and strengthened. They also agreed to consult and to collaborate regarding any contemplated changes in the size of enrolment in medical schools.

Ministers agreed to examine and strengthen the mechanisms for ensuring that no post is offered to a potential immigrant physician if a suitable Canadian is available.

ITEM 8(a) - SMOKING AND HEALTH

The Ministers considered the evidence of the health hazards associated with smoking, and agreed that more persuasive and innovative approaches and strategies are warranted.

Ministers advocate the designation of smoking and no smoking areas in enclosed workplaces and public facilities.

They also agreed to:

- 1) urge health personnel and community leaders to accelerate the encouraging trend towards stopping smoking, by setting an example;
- 2) ask the Federal Government to negotiate with the tobacco industry to lower the levels of tar and nicotine in cigarettes, and to examine ways to modify federal excise taxes on cigarettes so that those with higher nicotine and tar levels are taxed at a higher rate;
- 3) cooperate in the evaluation of self-help and withdrawal techniques to stop smoking in order to determine their effectiveness. Programs which are found to be effective should be supported by federal and provincial health authorities.

ITEM 8(b) - OCCUPATIONAL HEALTH

The Ministers agreed that there is an urgent need to support action in the area of occupational health. They reviewed a proposal to establish a Canadian Centre for Occupational Health and Safety.

No decision was made at this conference and further consultations will be undertaken between Ministers of Health and Ministers of Labour.

ITEM 9 - NATIONAL STRATEGY ON IMMUNIZATION

Ministers reviewed existing and potential problems regarding immunization against vaccine-preventable disease in Canada. They noted the necessity of an assured Canadian supply of essential vaccines, growing concern about the levels of immunization, especially among children from low-income and disadvantaged groups, and the need for aggressive research and development programs to produce new vaccines for the future. The Governments agreed to work together to develop an immunization strategy to deal with these problems and as an initial step they will jointly consider more extensive domestic purchasing of vaccines and biological drugs for Canadian needs, in order to stimulate the Canadian vaccine industry.

ITEM 10 - FAMILY PLANNING

Ministers agreed that family planning services were essentially in the area of provincial jurisdiction. A number of provinces indicated that study groups have been established to review the age of consent for services, and availability of family planning services.

Agreement was reached on the necessity of improving data collection related to family planning.

ITEM 11 - INTERNATIONAL RELATIONS: FEDERAL-PROVINCIAL CONSULTATIONS

It was decided that National Health and Welfare convene, on an annual or semi-annual basis, a Federal-Provincial Consultative group in order to review and advise with regard to the items on the agenda of the World Health Assembly. In addition this group would review and advise on other matters related to Canada's participation in international health affairs, including the sharing of health information. Recommendations would be made to the Secretary of State for External Affairs on the composition of delegations to World Health Assemblies. It was agreed, however, that the extent and nature of provincial participation on delegations be referred to the Ministers of Intergovernmental Affairs and External Affairs for further discussion.

ITEM 12 - HEALTH RESEARCH PRIORITIES

The Ministers discussed a proposal from Ontario that provinces involved in funding applied health research should meet to consider priorities and coordinate their activities, and agreed to consider the matter further at the Interprovincial Meeting of Ministers at Quebec City in September.

ITEM 12 - RESEARCH ACTIVITIES

The Minister discussed a proposal from Dr. [Name] that provides funding to [Name] for research about [Name] to conduct [Name] and [Name] [Name] activities, and agreed to consider the [Name] [Name] of the [Name] [Name] at [Name] [Name] in [Name].



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